

ENTRY BLANK**OUTSIDE CAGE****DO NOT DETACH****PLEASE TYPE OR PRINT**

Ms.
 Mr. Artist

Sally Lochridge

(Last Name Last)

Permanent Address 12718 CEDAR clev. Hts.
Street City

OH 44106 Daytime Tel. (216) 321-5301
Zip Area Code

Temporary or Studio Address (Same as above)
Street City

Daytime Tel. () Area Code

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? N/A

Collaborator N/A
(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist at artist's expense
to this address: Sally Lochridge

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Sally Lochridge

DO NOT DETACH

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Materials

charcoal on BFK reeves

Title "The right to choose"

Price or NFS \$700	Insurance Value if NFS Only	Size 53" x 42"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED X	DO NOT WRITE IN THIS SECTION 72	ACCEPTED X	REJECTED
REJECTED	(2)		

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

DETACH

Materials

charcoal on BFK reeves

Title

untitled

Price or NFS \$400	Insurance Value If NFS Only	Size 42" x 30"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED P.B
REJECTED X		REJECTED	DATE 4/12

1986 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

Name

Sally Cochridge

Address

12718 CEDAR RD
Cleveland Heights, OH 44106

City & State

Zip

NOTIFICATION #2

DO NOT
DETACH**1**

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

"The Right To Choose"

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
72 (2)	X	

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Crafts

Title

untitled

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED
		X

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).